

**Job Preparation Services**

**630X-Work Readiness 3 - Skill Development with Work Experience**

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| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

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| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Provider: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

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|  |  | **Mid-Point Report** |  |  | **Final Report** |  |  |

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| **Start Date of Service:** | | | Click to enter | | | | **End Date of Service:** | | | | | Click to enter | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| **In Case of Drop Out, Last Date of Contact:** | | | | | | | | Click to enter | | | | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| **Number of Units Utilized:** | | | | Click to enter | | | | | | | | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| **Number of Units Authorized:** | | | | Click to enter | | | | | | | | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| **Number of Units Completed in a Community-based Setting:** | | | | | | | | | | | Click to enter | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| **Please Indicate the Community-based Setting:** | | | | | | | | | Click to enter | | | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| At least one-third of the Work Readiness 3 Skill Development must be done in a community-based setting. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Was this report completed and submitted within 10 days of the last service?** | | | | | | | | | | | | | |
|  |  |  |  | Yes | |  | | No | |  | |  |  |
| If no, please explain: | | Click to enter | | | | | | | | | | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| Workplace Readiness 3 Skill Development with Work Experience**is based on a pre-approved** detailed Syllabus/Activity Plan. The Syllabus/Activity Plan must be approved by the ACCES-VR District Office(s) utilizing the service. | | | | | | | | | | | | | |
|  |  |  |  |  |  |  | | | |  | |  |  |
| **Describe the Services Provided to the Participant:** | | | | | | | | | |  | |  |  |
| Click to enter | | | | | | | | | | | | | |
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| **List Skill and Provide Progress Rating:** | | | | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  |
| **Rating Scale:** | |  |  |  |  |  | |  |  |  |
| * Level 4 is the **Standard of excellence** level. Descriptions should indicate that all aspects of work exceed grade level expectations and show exemplary performance or understanding. | | | | | | | | | | |
| * Level 3 is the **Approaching standard of excellence** level. Descriptions should indicate some aspects of skill that exceed expectations and demonstrate solid performance or understanding. | | | | | | | | | | |
| * Level 2 is the **Meets acceptable standard**. This level should indicate minimal competencies acceptable expectations. Performance and understanding are emerging or developing but there are some errors and mastery is not thorough. | | | | | | | | | | |
| * Level 1 **Does not yet meet acceptable standard.** This level indicates what is not adequate for expectations and indicates that the student has serious need for skill development and improvement. | | | | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  |
| **List skill:** | |  |  |  |  | **Progress in acquiring skills Rating (1-4):** | | | | |
| 1) | Click to enter | | | | | 1) | | Click to enter | | |
| 2) | Click to enter | | | | | 2) | | Click to enter | | |
| 3) | Click to enter | | | | | 3) | | Click to enter | | |
| 4) | Click to enter | | | | | 4) | | Click to enter | | |
| 5) | Click to enter | | | | | 5) | | Click to enter | | |
| 6) | Click to enter | | | | | 6) | | Click to enter | | |
| 7) | Click to enter | | | | | 7) | | Click to enter | | |
| 8) | Click to enter | | | | | 8) | | Click to enter | | |
| 9) | Click to enter | | | | | 9) | | Click to enter | | |
| 10) | Click to enter | | | | | 10) | | Click to enter | | |
|  |  |  |  |  |  |  | |  |  |  |
| **Newly mastered skills and competencies developed as a result of the service. Please check all that apply.** | | | | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  |
|  | Independent Living Skills |  |  | Social/Interpersonal Skills | | | | |  |  |
|  | Financial literacy |  |  | Orientation and mobility skills | | | | |  |  |
|  | Job-seeking skills |  |  | Understanding employer expectations for punctuality and performance | | | | | | |
|  | Other “soft” skills necessary for employment: | | | | | | Click to enter | | | |
|  |  |  |  |  |  |  | |  |  |  |
| Provide a narrative including but not limited to: Has participant actively demonstrated increased competency in above areas? Any concerns, impressions and recommendations for consideration. | | | | | | | | | | |
| Click to enter | | | | | | | | | | |
|  | | | | | | | | | | |
| NOTE: If Job Retention leads to case closure as a direct result of the above defined services, provider may submit a 932X/937X Job Retention Report following 90 days of participant’s employment. | | | | | | | | | | |

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| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Supervisor:** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |